

L19 000154391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

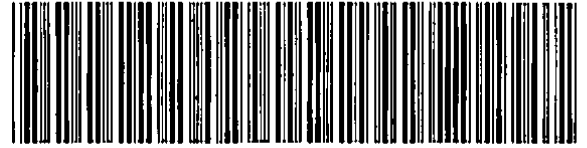
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000332840010

08/14/19--01011--022 **25.00

2019 AUG 14 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 21 2019
C. M. ...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSEPH McLAREN QUINLAN Group LLC
Name of Limited Liability Company

RECEIVED
AUG 14 PM 12:20
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH McLAREN QUINLAN
Name of Person

JOSEPH McLAREN QUINLAN Group LLC
Firm/Company

3370 HIDDEN BAY DR APT 1805
Address

AVENTURA FL 33180
City/State and Zip Code

LARRY@QUINLAN5.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH QUINLAN at (678) 357 8159
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: JOSEPH McLAREN QUINLAN GROUP LLC

2. (a) 3370 HIDDEN BAY DRIVE

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

APT 1805
AVANTURA, FL 33180

(b) 3370 HIDDEN BAY DRIVE

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

APT 1805
AVANTURA, FL 33180

3. 6/11/19
Date of filing/registration in Florida

4. L19000154391
Document number

5. (a) JOSEPH M. QUINLAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3370 HIDDEN BAY DRIVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

APT 2006
AVANTURA, FL 33180

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3370 HIDDEN BAY DRIVE
NEW Registered Office Address:

APT 1805
AVANTURA, FL 33180

FILED
AUG 14 PM 12:20
TALLAHASSEE FLORIDA
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JOSEPH M. QUINLAN
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent